

Higazi v Cadence Design Systems, Inc.
ENTERED JUN 02 2008 Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

Received By**JUN 02 2008**

Settlement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

6. Your Contact Information

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID #: 114768

Last four digits of Social Security number:

Kevin Chung

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening):

E-mail:

7. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date
CA		

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

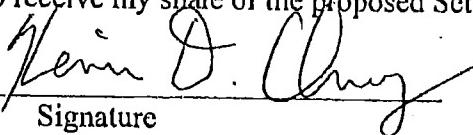
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

8. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.



Signature

May 29, 2008

Date

9. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

J 20 ENTERED MAY 30 2008

Higazi v. Cadence Design Systems, Inc.

Class Action Settlement Administrator

Post Office Box 1756

Tallahassee, FL 32302-1756

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Last four digits of Social Security number:

Kevin Chung

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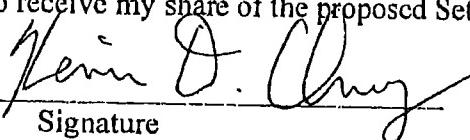
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Signature

May 29, 2008
Date

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Class Action Settlement Administrator

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RECEIVED BY

APR 28 2008

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1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 119048

Last four digits of Social Security number

Hoooooooooooooooooooooooooooooooo

Jonathan W. Chu-Yang

143

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

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CA		

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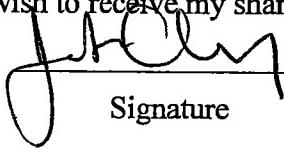
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3. I wish to receive my share of the proposed Settlement.



Signature

4/14/08, 2008
Date

4. Postmark Deadline

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Higazi v. Cadence Design Systems, Inc.
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1. Your Contact Information.

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Cadence Employee ID # 119048

Last four digits of Social Security number

11111111111111111111111111
Jonathan W. Chu-Yang 143

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Telephone number (daytime):

Telephone number (evening):

E-mail:

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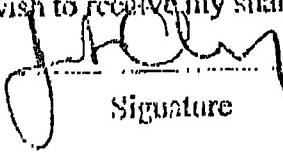
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3. I wish to receive my share of the proposed Settlement.



Signature

4/14/08, 2008

Date

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Higazi v. Cadence Design Systems, Inc. **ENTERED APR 18 2008**

Class Action Settlement Administrator
 Post Office Box 1756
 Tallahassee, FL 32302-1756
 Tel.: (866)854-6044 Fax: (850)385-6008

Received By:
APR 18 2008
 Settlement Services, Inc.

CLAIM FORM

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1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 111876 _____
 Last four digits of Social Security number _____

||||||||||||||||||||||||||||||||||||||||

Steven A. Ciesla 28

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime): _____

Telephone number (evening): _____

E-mail: _____

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

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Dates of Employment		
State(s) Where You Worked	Start Date	End Date
NJ		

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3. I wish to receive my share of the proposed Settlement.

Steven Ciesla

Signature

4/14

Date

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Higazi v. Cadence Design Systems, Inc.**Class Action Settlement Administrator**

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Settlement Services, Inc.

APR 21 2008

RECEIVED BY

ENTERED APR 21 2008

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1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 108933

Last four digits of Social Security number

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Nan Coley

71

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

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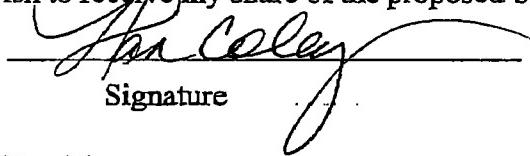
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3. I wish to receive my share of the proposed Settlement.



Signature

April 19, 2008
Date

Postmark Deadline

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ENTERED MAY 28 2008

Received By

MAY 27 2008

Settlement Services, Inc.

Higazi v. Cadence Design Systems, Inc.

Class Action Settlement Administrator

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1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 107457

Last four digits of Social Security number

|||||

Frank Corey

13

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime): _____

Telephone number (evening) _____

E-mail: _____

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MA		

DTY

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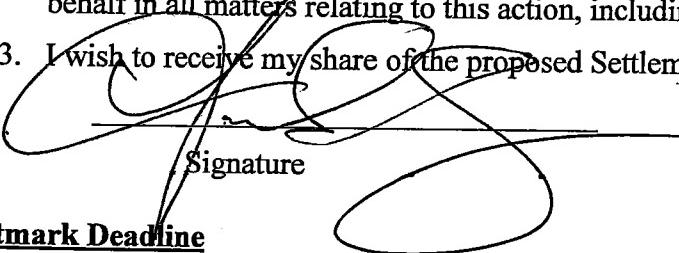
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I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.



Signature

May 18, 2008
Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

178

Higazi v. Cadence Design Systems, Inc.
Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

Received By
JUN 02 2008
Settlement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 200914

Last four digits of Social Security number

|||||

Akeem D. Daly

16

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

—

Telephone number (evening)

—

E-mail:

—

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

State(s) Where You Worked	Dates of Employment	
	Start Date	End Date
CA		

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

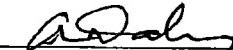
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.



Signature

05/26/

Date

, 2008

Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator
 Post Office Box 1756
 Tallahassee, FL 32302-1756
 Tel.: (866)854-6044 Fax: (850)385-6008

Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

Higazi v. Cadence Design Systems, Inc.

Class Action Settlement Administrator

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

Received By

MAY 20 2008

Settlement Services, Inc.

ENTERED MAY 20 2008

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 113753

Last four digits of Social Security number

|||||
Sandeep L. Dashotter 53

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

State(s) Where You Worked	Dates of Employment	
	Start Date	End Date
CA		

JH R

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

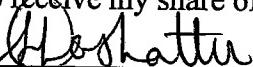
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

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3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.



Signature

13th MAY, 2008

Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator
 Post Office Box 1756
 Tallahassee, FL 32302-1756
 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

ENTERED MAY 16 2008

Received By

MAY 16 2008

Settlement Services, Inc.

37

Higazi v. Cadence Design Systems, Inc.
Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1. Your Contact Information

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID #: 7137

Last four digits of Social Security number:

Cherryl M. De La Cruz

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

State(s) Where You Worked	Dates of Employment	
	Start Date	End Date
CA		



Based on this information, your estimated Settlement Share is _____. Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.



Signature

5-7

, 2008
Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator
 Post Office Box 1756
 Tallahassee, FL 32302-1756
 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

120

ENTERED MAY 28 2008

Higazi v. Cadence Design Systems, Inc.

Class Action Settlement Administrator

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

Received By

MAY 28 2008

Settlement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1. Your Contact Information

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID #: 104040

Last four digits of Social Security number:

Ronald J. Defino

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

State(s) Where You Worked	Dates of Employment	
	Start Date	End Date
MA		

Based on this information, your estimated Settlement Share is _____. Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.



Signature

5-23, 2008

Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

Higazi v. Cadence Design Systems, Inc.

Class Action Settlement Administrator

Post Office Box 1756
 Tallahassee, FL 32302-1756
 Tel.: (866)854-6044 Fax: (850)385-6008

Entered APR 14 2008

Received B

APR 14 2008

Settlement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 102628

Last four digits of Social Security number

||||||||||||||||||||||||||||||||||

David B. Drysdale 102

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If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

| Dates of Employment       |            |          |
|---------------------------|------------|----------|
| State(s) Where You Worked | Start Date | End Date |
| CA                        |            |          |

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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---

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### **3. Signature and Confirmation of Consent to Join Collective Action**

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.



Signature

4/7/08

, 2008

Date

### **4. Postmark Deadline**

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*  
 Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

### **5. Questions?**

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

*Higazi v. Cadence Design Systems, Inc.*

Class Action Settlement Administrator

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

195  
ENTERED JUN 06 2008

Received By

JUN 06 2008

Settlement Services, Inc.

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

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**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 106000

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Last four digits of Social Security number

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---

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Lance D. Elworth 63

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If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

---

Telephone number (evening)

---

E-mail:

---

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

| Dates of Employment       |            |          |
|---------------------------|------------|----------|
| State(s) Where You Worked | Start Date | End Date |
| CA                        |            |          |

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### **3. Signature and Confirmation of Consent to Join Collective Action**

I declare under penalty of perjury under the laws of the United States that:

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3. I wish to receive my share of the proposed Settlement.

Lance Ebrath

Signature

June 3

Date

### **4. Postmark Deadline**

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

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Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

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*Higazi v. Cadence Design Systems, Inc.*

Class Action Settlement Administrator

Post Office Box 1756  
Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

Received By:

JUN 03 2008

Settlement Services, Inc.

ENTERED JUN 04 2008

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

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**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 106000

Last four digits of Social Security number

Lance D. Elworth

63

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

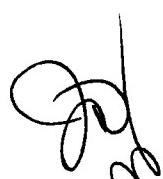
E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

| Dates of Employment       |            |          |
|---------------------------|------------|----------|
| State(s) Where You Worked | Start Date | End Date |

CA



Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

---

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### **3. Signature and Confirmation of Consent to Join Collective Action**

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

Lance Ehrlich

Signature

June 3

Date

### **4. Postmark Deadline**

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence* Class Action Settlement Administrator  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

Received By

JUN 03 2008

Settlement Services, Inc.

### **5. Questions?**

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

**ENTERED JUN 02 2008** *33* *Bigazi v. Cadence Design Systems, Inc.*

Class Action Settlement Administrator

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

Received By

JUN 02 2008

Settlement Services, Inc.

### CLAIM FORM

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

#### **1. Your Contact Information**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID #: 103327

Last four digits of Social Security number:

Andrew Matthew Evans

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

#### **2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

| State(s) Where You Worked | Dates of Employment |          |
|---------------------------|---------------------|----------|
|                           | Start Date          | End Date |
| CA                        |                     |          |

Based on this information, your estimated Settlement Share is \_\_\_\_\_ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

---

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### **3. Signature and Confirmation of Consent to Join Collective Action**

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

  
Signature

MAY 15, 2008  
Date

### **4. Postmark Deadline**

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### **5. Questions?**

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

*22*  
**Higazi v. Cadence Design Systems, Inc.**

Class Action Settlement Administrator

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

**ENTERED APR 14 2008**

Received By

APR 14 2008

Settlement Services, Inc.

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 112007

Last four digits of Social Security number

Hooooooooooooo

Salman Farooq

203

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If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

| Dates of Employment       |            |          |
|---------------------------|------------|----------|
| State(s) Where You Worked | Start Date | End Date |
| TX                        |            |          |

*JB*

Based on this information, your estimated Settlement Share is \$9. Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

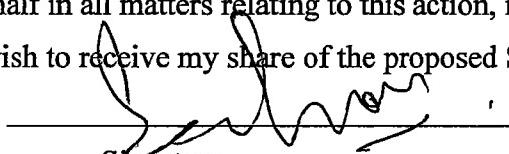
---

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### **3. Signature and Confirmation of Consent to Join Collective Action**

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.



Signature

04 | 11 | , 2008  
Date

### **4. Postmark Deadline**

Your Claim Form must be **POSTMARKED or DELIVERED** (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### **5. Questions?**

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

*Higazi v. Cadence Design Systems, Inc.*

Class Action Settlement Administrator

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

Received By

APR 18 2008

Settlement Services, Inc.

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 109142

Last four digits of Social Security number

XXXXXXXXXXXXXXXXXXXXXX

Donald J. Felix

161

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

| State(s) Where You Worked | Dates of Employment |          |
|---------------------------|---------------------|----------|
|                           | Start Date          | End Date |
| UT                        |                     |          |

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

---

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### **3. Signature and Confirmation of Consent to Join Collective Action**

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

Donald J. Felix

Signature

4/8/, 2008

Date

### **4. Postmark Deadline**

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*  
 Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

### **5. Questions?**

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

*Higazi v. Cadence Design Systems, Inc.*

## Class Action Settlement Administrator

Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

Received By  
 MAY 13 2008  
 Settlement Services, Inc.

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 105943

Last four digits of Social Security number

|||||

Raul Felix

178

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

| Dates of Employment       |            |          |
|---------------------------|------------|----------|
| State(s) Where You Worked | Start Date | End Date |
| CA                        |            |          |

Based on this information, your estimated Settlement Share is \$ . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

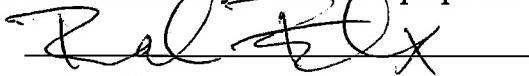
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**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.



Signature

May 8, 2008

Date

### 4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*  
 Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

25  
**ENTERED APR 14 2008**

Received By

**Higazi v. Cadence Design Systems, Inc.****Class Action Settlement Administrator**

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

APR 14 2008

Settlement Services, Inc.

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 111619

Last four digits of Social Security number

████████████████████████████████████████████████████████████████████████████████████████

Peter R. Finlay

24

████████████████████████████████████████████████████████████████████████████████████

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

████████████████████████████████████████████████████████████████████████████████████

Telephone number (evening)

████████████████████████████████████████████████████████████████████████████████████

E-mail:

████

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

| Dates of Employment       |            |          |
|---------------------------|------------|----------|
| State(s) Where You Worked | Start Date | End Date |
| MA                        |            |          |

Based on this information, your estimated Settlement Share is \$ . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

---

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### **3. Signature and Confirmation of Consent to Join Collective Action**

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

Peter Finlay  
Signature

April 9, 2008  
Date

### **4. Postmark Deadline**

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### **5. Questions?**

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

ENTERED MAY 30 2008

*Higazi v. Cadence Design Systems, Inc.*

## **Class Action Settlement Administrator**

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

Received By

MAY 30 2008

## Settlement Services, Inc.

## **CLAIM FORM**

**NOTE:** Please read the enclosed “Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing” (the “Class Notice”) before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

## 1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 108726

Last four digits of Social Security number

Craig D. Fredona

83

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

## **2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

| Dates of Employment       |            |          |
|---------------------------|------------|----------|
| State(s) Where You Worked | Start Date | End Date |

CA

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

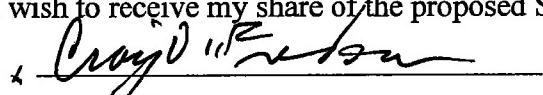
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**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### **3. Signature and Confirmation of Consent to Join Collective Action**

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.



Signature

5/26/08, 2008

Date

### **4. Postmark Deadline**

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*  
 Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

### **5. Questions?**

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

159  
ENTERED MAY 29 2008

Received by

MAY 29 2008

Settlement Services, Inc.

**Higazi v. Cadence Design Systems, Inc.**

Class Action Settlement Administrator

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 110527

Last four digits of Social Security number

Lance Gann

135

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If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

---

Telephone number (evening)

---

E-mail:

---

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

| Dates of Employment       |            |          |
|---------------------------|------------|----------|
| State(s) Where You Worked | Start Date | End Date |

CA

ID

JH

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

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Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### **3. Signature and Confirmation of Consent to Join Collective Action**

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.



Signature

May 23, 2008

Date

### **4. Postmark Deadline**

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### **5. Questions?**

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

159

**ENTERED MAY 28 2008*****Higazi v. Cadence Design Systems, Inc.***

Class Action Settlement Administrator

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

Received By

MAY 28 2008

Settlement Services

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 110527

Last four digits of Social Security number

████████████████████████████████████████████████████████████████████████████████████████

Lance Gann

135

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

| State(s) Where You Worked | Dates of Employment |          |
|---------------------------|---------------------|----------|
|                           | Start Date          | End Date |
| CA                        |                     |          |
| ID                        |                     |          |



Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

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### **3. Signature and Confirmation of Consent to Join Collective Action**

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3. I wish to receive my share of the proposed Settlement.



Signature

May 23, 2008

Date

### **4. Postmark Deadline**

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 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

### **5. Questions?**

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

*Higazi v. Cadence Design Systems, Inc.*

ENTERED JUN 05 2008

Received B

Class Action Settlement Administrator  
 Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

JUN 05 2008  
 Settlement Services, Inc.

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID #: 103637

Last four digits of Social Security number:

Tracy J. Garza

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening):

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

| State(s) Where You Worked | Dates of Employment |          |
|---------------------------|---------------------|----------|
|                           | Start Date          | End Date |
| CA                        |                     |          |

Based on this information, your estimated Settlement Share is Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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### **3. Signature and Confirmation of Consent to Join Collective Action**

I declare under penalty of perjury under the laws of the United States that:

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2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

Tracy Ganya  
Signature

June 2, 2008  
Date

### **4. Postmark Deadline**

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### **5. Questions?**

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

Jun. 2. 2008 9:03AM

788  
*Higazi v. Cadence Design Systems, Inc.*  
Class Action Settlement Administrator  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

707-863-0175  
No. 2049 P.2

ENTERED JUN 04 2008  
Received By  
JUN 02 2008  
Settlement Services, Inc.

### CLAIM FORM

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

#### **1. Your Contact Information**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID #: 103637

Last four digits of Social Security number:

Tracy J. Garza

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening):

E-mail:

#### **2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

| State(s) Where You Worked | Dates of Employment |          |
|---------------------------|---------------------|----------|
|                           | Start Date          | End Date |
| CA                        |                     |          |

Jun. 2, 2008 9:03AM

Based on this information, your estimated Settlement Share is ..... Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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### **3. Signature and Confirmation of Consent to Join Collective Action**

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2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

Tracy Ganya  
Signature

June 2, 2008  
Date

### **4. Postmark Deadline**

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### **5. Questions?**

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197

**ENTERED JUN 05 2008**  
Received by

JUN 05 2008

Settlement Services, Inc.

**Higazi v. Cadence Design Systems, Inc.**  
**Class Action Settlement Administrator**  
 Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

### **CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 109519

Last four digits of Social Security number

|||||

Kiran Raj Gautam 58

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\_\_\_\_\_

\_\_\_\_\_

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

\_\_\_\_\_

Telephone number (evening)

\_\_\_\_\_

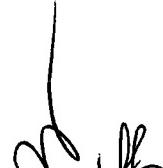
E-mail:

\_\_\_\_\_

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

| State(s) Where You Worked | Dates of Employment |          |
|---------------------------|---------------------|----------|
|                           | Start Date          | End Date |
| CA                        |                     |          |



Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

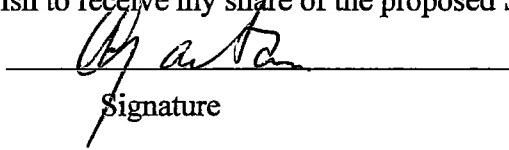
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**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### **3. Signature and Confirmation of Consent to Join Collective Action**

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.



\_\_\_\_\_  
Signature

01 JUNE , 2008

Date

### **4. Postmark Deadline**

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*  
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 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

### **5. Questions?**

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

***Higazi v. Cadence Design Systems, Inc.*****Class Action Settlement Administrator**

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

Received APR 14 2008

Settlement Services, Inc.

**ENTERED APR 14 2008****CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 4082

Last four digits of Social Security number

John J. Gemellaro

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If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

| Dates of Employment       |            |          |
|---------------------------|------------|----------|
| State(s) Where You Worked | Start Date | End Date |
| MA                        |            |          |

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YB

Based on this information, your estimated Settlement Share is \$ . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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---

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### **3. Signature and Confirmation of Consent to Join Collective Action**

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2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

Signature

April 9, 2008

Date

### **4. Postmark Deadline**

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*  
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 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

### **5. Questions?**

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.



7 ENTERED APR 11 2008

***Higazi v. Cadence Design Systems, Inc.***

## **Class Action Settlement Administrator**

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

**Received By**

APR 10 2008

Settlement Services, Inc.

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

## **1. Your Contact Information:**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 4082

Last four digits of Social Security number

Wooooooooooooo

**John J. Gemellaro**

9

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

**Telephone number (evening)**

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

| Dates of Employment       |            |          |
|---------------------------|------------|----------|
| State(s) Where You Worked | Start Date | End Date |
| MA                        |            |          |

Based on this information, your estimated Settlement Share is § . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

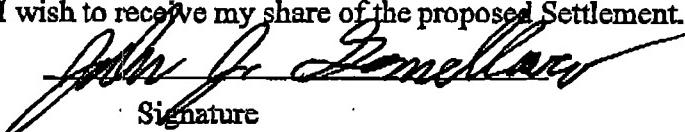
---

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.



Signature

April 9, 2008

Date

### 4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*  
 Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

***Higazi v. Cadence Design Systems, Inc.***

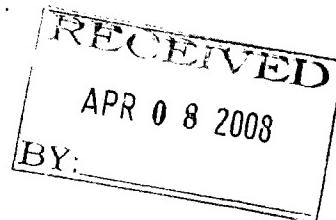
Class Action Settlement Administrator

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

ENTERED APR 11 2008

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 108715

Last four digits of Social Security number

Indira Ghosh

201

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

| Dates of Employment       |            |          |
|---------------------------|------------|----------|
| State(s) Where You Worked | Start Date | End Date |
| CA                        |            |          |

Based on this information, your estimated Settlement Share is \$ . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

---

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

Indira Alwash

Signature

04/07, 2008

Date

### 4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

*Higazi v. Cadence Design Systems, Inc.* 87

Class Action Settlement Administrator

Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008Received By  
MAY 14 2008  
Settlement Services, Inc.

ENTERED MAY 14 2008

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID #: 111711

Last four digits of Social Security number:

Roger Giles

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**D 2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

| State(s) Where You Worked | Dates of Employment |          |
|---------------------------|---------------------|----------|
|                           | Start Date          | End Date |
| TX                        |                     |          |



Based on this information, your estimated Settlement Share is \$ . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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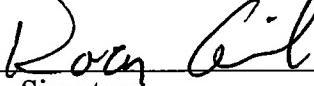
*I have been employed at Cadence since 12-2000  
in this same position. (Documents provided as needed)*

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### **3. Signature and Confirmation of Consent to Join Collective Action**

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.



Signature

5-9-

Date

, 2008

### **4. Postmark Deadline**

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008*

### **5. Questions?**

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

## *Higazi v. Cadence Design Systems, Inc.*

## **Class Action Settlement Administrator**

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

Received By

APR 14 2008

Settlement Services, Inc.

## **CLAIM FORM**

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## **1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 112907

Last four digits of Social Security number

Pavan S. Goklani

29

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

## **2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

| Dates of Employment       |            |          |
|---------------------------|------------|----------|
| State(s) Where You Worked | Start Date | End Date |

CA

Based on this information, your estimated Settlement Share is: . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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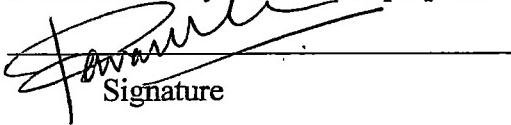
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3. I wish to receive my share of the proposed Settlement.



Signature

April 09, 2008

Date

### **4. Postmark Deadline**

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 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

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Entered May 02 2008

*85*  
**Higazi v. Cadence Design Systems, Inc.****Class Action Settlement Administrator**

Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

Received By

MAY 02 2008

Settlement Services, Inc.

**CLAIM FORM**

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**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 102607

Last four digits of Social Security number

[REDACTED]

Anna K. Guibao

67

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

[REDACTED]

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

| Dates of Employment       |            |          |
|---------------------------|------------|----------|
| State(s) Where You Worked | Start Date | End Date |

CA



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3. I wish to receive my share of the proposed Settlement.

Anna K. Subbarao

Signature

04-28, 2008

Date

### 4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

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Entered May 13 2008

*Higazi v. Cadence Design Systems, Inc.*

#### **Class Action Settlement Administrator**

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

**Received By**

MAY 13 2008

- 1 -

## Settlement Services, Inc.

## **CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

## **1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 109759

Cadence Employee ID # 109111  
Last four digits of Social Security number

Sudhir Gulati

52

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

#### Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

| Dates of Employment       |            |          |
|---------------------------|------------|----------|
| State(s) Where You Worked | Start Date | End Date |

CA

Based on this information, your estimated Settlement Share is \_\_\_\_\_. Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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---

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### **3. Signature and Confirmation of Consent to Join Collective Action**

I declare under penalty of perjury under the laws of the United States that:

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2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

Judith G. Gafni

Signature

05-09-08, 2008

Date

### **4. Postmark Deadline**

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*  
 Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

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194

JUN 04 2008

*Higazi v. Cadence Design Systems, Inc.*

## Class Action Settlement Administrator

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

ENCL

Received By

JUN 03 2008

Settlement Services, Inc.

**CLAIM FORM**

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**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 115020

---

Last four digits of Social Security number

---

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Archana Gupta

173

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If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

---

Telephone number (evening)

---

E-mail:

---

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

| Dates of Employment       |            |          |
|---------------------------|------------|----------|
| State(s) Where You Worked | Start Date | End Date |
| CA                        |            |          |

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If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

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**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### **3. Signature and Confirmation of Consent to Join Collective Action**

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

Higazi

Signature

MAY 27, 2008

Date

### **4. Postmark Deadline**

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### **5. Questions?**

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

78

*Higazi v. Cadence Design Systems, Inc.*  
**Class Action Settlement Administrator**  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

Received By

MAY 14 2008

Settlement Services, Inc.

ENTERED MAY 14 2008

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 117255

\_\_\_\_\_

Last four digits of Social Security number

\_\_\_\_\_

Rajnish Gupta

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

\_\_\_\_\_

Telephone number (evening)

\_\_\_\_\_

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

| State(s) Where You Worked | Dates of Employment |          |
|---------------------------|---------------------|----------|
|                           | Start Date          | End Date |

CA



Based on this information, your estimated Settlement Share is \$ . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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3. I wish to receive my share of the proposed Settlement.



Signature

April 15, 2008

Date

### 4. Postmark Deadline

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ENTERED MAY 06 2008

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Cadence Employee ID # 117255

Last four digits of Social Security number

Rajnish Gupta 183

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

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CA



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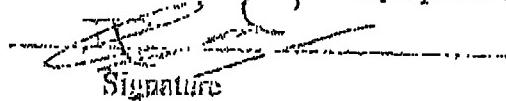
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Signature

April 15, 2008  
Date

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78

ENTERED APR 30 2008

*Higazi v. Cadence Design Systems, Inc.*

Class Action Settlement Administrator

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

Received By

APR 29 2008

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Last four digits of Social Security number

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Rajnish Gupta

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Telephone number (daytime):

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| State(s) Where You Worked | Dates of Employment |          |
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|                           | Start Date          | End Date |
| CA                        |                     |          |

JFK

Based on this information, your estimated Settlement Share is \$111. Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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